Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 10673775 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE **FOR** NUMBER FILED NUMBER EXTRA **BASIC FEE** 375.00 BASIC FEE 750.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42= X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) **SMALL ENTITY** OR SMALL ENTITY (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **AFTER** TIONAL RATE **PREVIOUSLY RATE** TIONAL **EXTRA AMENDMENT** PAID FOR **FEE** FEE Total Minus ** X\$ 9= X\$18= OR Independent Minus *** X42 =X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-REMAINING ADDI-NUMBER PRESENT **AFTER PREVIOUSLY** RATE TIONAL **RATE EXTRA TIONAL** AMENDMENT PAID FOR FEE FEE Total Minus ** X\$ 9= X\$18= OR Independent Minus X42 =X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

RATE TIONAL RATE TIONAL FEE FEE X\$ 9= X\$18= OR X42 =X84= OR +140= OR +280= TOTAL TOTAL OR ADDIT. FEE

OR

OR

ADDI-

+280=

ADDIT. FEE

ADDI-

+140=

ADDIT, FEE

TOTAL

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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ENDME

AMENDMENT